

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/511574**

APPLICANT(S)

FILING DATE

**13 OCT 2004**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
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49							99						
50							100						
TOTAL IND.	/	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	/	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	2						TOTAL CLAIMS						